



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/773,792
	Filing Date	February 6, 2004
	First Named Inventor	Thomas W. DUBENSKY, Jr.
	Art Unit	1645
	Examiner Name	J. Graser
Total Number of Pages in This Submission	69 + 87 Refs.	Attorney Docket Number 282172002900

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form plus duplicate for fee processing (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (50 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Form PTO/SB/08a/b + copy (12 pages)
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental - 3 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	2. Eighty-Seven (87) References
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	3. Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Alicia J. Hager		
Date	July 31, 2007	Reg. No.	44,140

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 596704435 US, on the date shown below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 31, 2007

Signature: (Lori Sims)



PTO/SB/17 (06-07)

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
		Application Number	10/773,792
		Filing Date	February 6, 2004
		First Named Inventor	Thomas W. DUBENSKY, Jr.
		Examiner Name	J. Graser
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1645
<b>TOTAL AMOUNT OF PAYMENT</b>		( <b>\$</b> )	690.00
		Attorney Docket No.	282172002900

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
48	- 60 = 0	x 25.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	- 7 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	180.00	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 =	125.00	0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2253 Extension for response within third month	510.00
1806 Submission of an Information Disclosure Statement	180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	44,140
Name (Print/Type)	Alicia J. Hager	Telephone	(650) 813-4296
		Date	July 31, 2007